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## APPLICANTS

Hongwen Ren, Orlando, FL;

Yun-Hsing Fan, Oviedo, FL;

Shin-Tson Wu, Oviedo, FL;

## \*\* CONTINUING DATA \*\*\*\*\*

NONE

TI

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

TC

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY FL	SHEETS  DRAWING 4	TOTAL  CLAIMS 29	INDEPENDENT  CLAIMS 4
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature <u>TT</u> Initials					

## ADDRESS

23717

LAW OFFICES OF BRIAN S STEINBERGER

101 BREVARD AVENUE

COCOA, FL

32922

## TITLE

Adaptive liquid crystal lenses

FILING FEE  RECEIVED 509	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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